



Montana Department of Public Health & Human Services  
Best Beginnings Quality Child Care Initiatives  
2005-2006 (FFY2006) APPLICATION FORM  
CHILD CARE PROVIDER GRANT  
[TYPE OR PRINT CLEARLY]

Organization Name \_\_\_\_\_ PV# \_\_\_\_\_

Type of Facility Center \_\_\_\_\_ Group \_\_\_\_\_ Family \_\_\_\_\_ License or registration capacity \_\_\_\_\_  
(If applicant indicate the type of facility applied for)  
Federal Employee Identification # or Social Security # \_\_\_\_\_  
Private Non-Profit Facility \_\_\_\_\_ (yes/no)

Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Facility Address (if different from above) \_\_\_\_\_  
Director Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
County \_\_\_\_\_ CCR & R District \_\_\_\_\_

**Type of request:**

*All proposals must enhance or develop quality child care programs while expanding and improving access for low-income families. **You may check only one.***

- |   |   |
|---|---|
| 1. <input type="checkbox"/> Odd hour or part time care              | 5. <input type="checkbox"/> Other community need (please identify)      |
| 2. <input type="checkbox"/> Inclusion of children with disabilities | 6. <input type="checkbox"/> Improvements to meet lic./reg. requirements |
| 3. <input type="checkbox"/> Rural care                              | 7. <input type="checkbox"/> School-age child care                       |
| 4. <input type="checkbox"/> Lack of licensed or registered care     |   |

Total funding requested for this project \_\_\_\_\_

Has this organization received a Child Care Provider Grant in the past? Y \_\_\_\_\_ N \_\_\_\_\_  
If yes, what year? \_\_\_\_\_ Which category was the grant for? \_\_\_\_\_ How much was awarded? \_\_\_\_\_  
Are you currently participating on the Montana Early Care and Education Practitioner Registry? Y \_\_\_\_\_ N \_\_\_\_\_  
What Level on the Career Path are you? (you must be at Level III or higher) \_\_\_\_\_

**For Your Proposal To Be Considered It Must Include The Following:**

- ☐ Proposal Application Form
- ☐ Proof of workers' compensation coverage. (Attachment F)
- ☐ Copy of current child care license or registration or a copy of your application
- ☐ Copy of Early Care and Education Practitioner Registry certificate (Level 3 on the Career Path is required)
- ☐ OMB 424B (Rev. 7-97) form, "ASSURANCES - NON-CONSTRUCTION PROGRAMS"
- ☐ "CERTIFICATION OF COMPLIANCE WITH CERTAIN REQUIREMENTS FOR DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES (6-99)" (Appendix B)
- ☐ Facility agreement (to secure a facility for Child care purposes), if needed
- ☐ Proof of applicable incorporation, non-profit or government status
- ☐ Letters of support and coordination from parents and appropriate community groups
- ☐ HIPPA (Attachment E)
- ☐ Best Beginnings program assurances form (Attachment D)
- ☐ Assurances – Non Construction Programs (SF 424B – Rev 7-97)
- ☐ Certificate of registration with the Montana Secretary of State

I certify that I have reviewed the information contained in this application, supplied by me, and that it is true, accurate and complete to the best of my knowledge. I further certify that I fully understand that any mis-statement on my part in completing the application is grounds for denying my Child Care Provider Grant application or for revoking my Provider Grant contract should a grant have been awarded to me on the basis of the statements I have made herein.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

## PURPOSE OF THE PROPOSAL:

1. This goal of this grant is to improve the quality of child care offered to all Montana families, to provide low-income families access to the same high quality child care services as middle and high income families and to increase the number of slots (especially in areas of high demand). In order to accomplish this goal facilities must be serving a minimum of 15% of their licensed/registered capacity with Best Beginnings Scholarship children at the time they submit their proposal. During the grant period the facility must dedicate a *minimum of 20% of their child care slots* for children who qualify for services under the State of Montana's Sliding Fee Scale program.

All proposals must enhance or develop quality child care programs while expanding or improving access for low-income families. Goals must include a plan for national accreditation through either the National Association of Education for Young Children (NAEYC), or the National Association for Family Child Care (NAFCC), or the National School-Age Care Alliance (NSACA).

Briefly describe how you intend to expand or improve your program to meet these goals.

**2. EXPERIENCE**

**Type of care currently provided:**

\_\_\_\_\_ Family Home  
\_\_\_\_\_ Group Child Care Home  
\_\_\_\_\_ Child Care Center  
\_\_\_\_\_ Number of years in operation

\_\_\_\_\_ Number of full-time children currently being served  
\_\_\_\_\_ Number of part-time children currently being served  
\_\_\_\_\_ Staff/Child ratio  
\_\_\_\_\_ Number of Best Beginnings Scholarship children currently being served  
(Must be a minimum of 15% of facility's licensed/registered capacity)

**2(a). EXPERIENCE:**

**Summary of your program operation:**

Describe strengths and weaknesses of your current program. Include a sample of a daily or weekly schedule or monthly plans.

**2(a). EXPERIENCE:**

**Summary of your program operation continued:**

**2(b). EXPERIENCE:**

**Qualifications and work experience**

Describe the relevant work experience and education for you and all primary child care staff that will be involved in this project. Resumes and copies of the Montana Early Childhood Practitioner Registry certificates for the provider-applicant and primary care giving staff must also be attached.

**3(a). SERVICE TO CHILDREN WHO QUALIFY FOR BEST BEGINNINGS SCHOLARSHIPS:**

**Expansion:**

Please indicate the category of licensure or registration you plan to attain.

\_\_\_\_\_ Number of increased staff

\_\_\_\_\_ Number of additional children to be served

\_\_\_\_\_ No expansion planned

**Service to Children who Qualify for Best Beginnings Scholarships:**

⇒ Facilities must be serving a minimum of 15% of their licensed/registered capacity with Best Beginnings Scholarship children at the time they submit their proposal. During the grant period the facility must serve a *minimum of 20% of their child care slots* for children who qualify for services under the State of Montana's Sliding Fee Scale program.

Please attach verification with copies of current certification plans.

\_\_\_\_\_ License capacity

----- Number of children enrolled in your program

\_\_\_\_\_ Number of Best Beginnings Scholarship children currently being served.

\_\_\_\_\_ Number of dedicated slots for children who qualify for Best Beginnings Scholarships. This number must be *at least 20%* of the license capacity.

#### 4(a). PROJECT DESCRIPTION:

##### Summary:

In a narrative format describe your proposed project. Include the following elements in the narrative.

1. An overview of the proposed project;
2. An explanation of how the project enhances the provider's ability to meet the needs of young children as identified in the Montana Early Care and Education Knowledge Base (2<sup>nd</sup> edition).
3. A description of the Knowledge Base Content area/s the project will address. The Knowledge Base Content areas are: Personal Dispositions; Health, Safety and Nutrition; Child Growth and Development; Environmental Design; Child Guidance; Family and Community Partnerships; Program Management; Curriculum; Observation and Assessment; and Professionalism. Copies of the Montana Early Care and Education Knowledge Base (2<sup>nd</sup> edition) may be obtained from the Early Childhood Services Bureau, PO Box 202952, Helena, MT 59620-2952 1-866-239-0458; or from the Montana Early Childhood Project, 117 Herrick Hall, MSU-Bozeman, Bozeman, MT 59717 (800) 213-6310.

Project examples:

Small construction projects, including fences, facility egress and other minor remodeling are allowed *to meet licensing or registration requirements only*. The need must be verified by a child care licensing specialist, fire Marshall, health inspector or other qualified individual. This project could apply to the *Health, Safety and Nutrition* area of the Knowledge Base.

Updating, installing or purchasing indoor or outdoor equipment could apply to the *Environmental Design* area of the Knowledge Base. The proposal should describe the equipment to be purchased and how it will benefit the children in your care.

Staff training could apply to many areas of the Knowledge Base such as *Professionalism, Child Growth and Development, Observation and Assessment, Health, Safety, & Nutrition, Environmental Design, Curriculum, Child Guidance, Family and Community Collaboration, Program Management, Cultural and Developmental Diversity, or Personal Attributes*. This project could focus on improving the quality of staff/child interactions, or improving the stability of care by reducing turnover.

A project to include children with disabilities in your care could apply to the *Child Guidance, Family and Community Partnerships, Environmental Design, or Child Growth and Development* areas of the Knowledge Base. The proposal should describe any activities designed to include children with disabilities in your program and how they tie back to the Knowledge Base Content area.

**4(a). PROJECT DESCRIPTION continued:**



**4(b). PROJECT DESCRIPTION:**  
**Goals, objectives and methods.**

1. List the goals and objectives of the project. **Be sure they tie to the appropriate grant category, and overall goals of the program as described in Section 7.** Identify the specific measurable goals and objectives this project is intended to accomplish.
2. Identify the specific methods, means and actions you will utilize to implement these goals and objectives.
3. Include a 3-year work plan with measurable action steps and anticipated completion time lines/dates for each goal and objective.



**4(c). PROJECT DESCRIPTION:**

**Description and Justification of need:**

The child care needs in your community must be verified. Verification can be established by including statistical information, and documentation.

EXAMPLE: letters of support or information obtained from child care organizations and groups, local government officials, parents, schools, Child Care Resource and Referral agencies, the chamber of commerce, the local library, low-income groups, the local child care licensing office, etc.

**5(a). EVALUATION, PERFORMANCE STANDARDS AND FUTURE FINANCIAL SUPPORT :**

**Project Evaluation:**

Describe your formal plan for evaluating the success of your proposal.

**5(b). EVALUATION, PERFORMANCE STANDARDS AND FUTURE FINANCIAL SUPPORT:**

Supply information about how your program intends to meet the performance standards required to receive second and third year funding.

Supply information about how your program will be supported in the future -- when the grant funds have been expended.

**(6-a) BUDGET FOR THIS PROJECT**

October 1, 2005 - September 30, 2006

**ORGANIZATION NAME:****NAME OF RESPONSIBLE FISCAL PERSON:**

Phone (\_\_\_\_) \_\_\_\_\_

Tax ID # \_\_\_\_\_

**Instructions:**

List the dollar amounts for any of the budget line items you are requesting for your project. In addition to completing this form, you must explain each of the following budget line items in the budget narrative.

<b>BUDGET LINE ITEM(S)</b>	<b>AMOUNT</b>
<b>1. Personnel and Fringe</b>	_____
<b>2. Facility Maintenance</b>	_____
<b>3. Building Space/Rent</b>	_____
<b>4. Supplies</b>	_____
<b>5. Equipment</b>	_____
<b>6. Training</b>	_____
<b>7. Accreditation Fees *</b>	_____
<b>8. Travel</b>	_____
<b>9. _____</b>	_____
<b>Total Funds Requested</b>	_____

Funds for 1<sup>st</sup> year funding must not exceed \$15,000 for a center, \$10,000 for a group child care home, or \$5,000 for a family child care home.

\* Accreditation fees must be included in this budget. Due to budget cuts, if you are participating in this grant, you are no longer eligible for the accreditation scholarship from The Early Childhood Project.

**(6-b) BUDGET NARRATIVE**

**DESCRIPTION AND EXPLANATION OF BUDGET LINE ITEMS:** Describe how the funds you are requesting will be utilized during the 10/1/2005 - 9/30/2006 period. Explain each budget line item for which you requested funds, as listed in your proposed project budget. Include supporting documentation such as bids, estimates, or price lists if available. Continue on following page if necessary.

**(6-b) BUDGET NARRATIVE CONTINUED:**



**(6-c) TOTAL INCOME AND EXPENDITURES FOR THIS FACILITY DURING THE LAST FISCAL YEAR**

**(NEW FACILITIES MUST PROJECT OPERATING EXPENSES FOR THE COMING YEAR)**

**INSTRUCTIONS:** On this form, list the total expenditures and total income (from all sources) from your child care facility's operating budget for the previous fiscal year.

**ORGANIZATION NAME:**

The figures listed below are for the fiscal year beginning \_\_\_\_ / \_\_\_\_ / \_\_\_\_ and ending \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**EXPENDITURES**

**INCOME**

A. Personnel/salaries: \$ \_\_\_\_\_  
B. Fringe benefits: \_\_\_\_\_  
C. Rent: \_\_\_\_\_  
D. Utilities: \_\_\_\_\_  
E. Telephone: \_\_\_\_\_

F. Food: \_\_\_\_\_  
G. Professional fees: \_\_\_\_\_

H. Consumable supplies: \_\_\_\_\_

I. Equipment (rent and maint) \_\_\_\_\_  
J. Postage: \_\_\_\_\_

K. Printing: \_\_\_\_\_

L. Transportation: \_\_\_\_\_

M. Workshops & training: \_\_\_\_\_

N. Child care scholarships: \_\_\_\_\_

O. Insurance: \_\_\_\_\_

P. Other expenses: \_\_\_\_\_

1. Parental Fees: \$ \_\_\_\_\_  
2. Contributions: \_\_\_\_\_  
3. Special Events: \_\_\_\_\_  
4. Provider Grant 98-2005: \_\_\_\_\_  
5. CACFP Food Program: \_\_\_\_\_

6. State-paid child care \_\_\_\_\_  
7. Other Revenue Sources

Foundation Funds

Other grants, i.e.,

United Way, Fund Raisers,

etc. \$ \_\_\_\_\_

**TOTAL EXPENDITURES: \$ \_\_\_\_\_**

**TOTAL INCOME: \$ \_\_\_\_\_**

